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| Fill in this information to identify your case: |            |                                   |
|---|------------|-----------------------------------|
| United States Bankruptcy Court for the:         |            |                                   |
| WESTERN DISTRICT OF PENNSYLVANIA                | -          |                                   |
| Case number (if known)                          | Chapter 11 |                                   |
|   |            | ☐ Check if this an amended filing |
|   |            |                                   |
|   |            |                                   |

#### Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| Debtor's name  | Accent on Body Cosmetic Surgery, P.C.   |  |
|--|---|--|
|  |   |  |
| All other names debtor used in the last 8 years                    |   |  |
| Include any assumed names, trade names and doing business as names |   |  |
| Debtor's federal<br>Employer Identification<br>Number (EIN)        | 73-1657611  |  |
| Debtor's address   | Principal place of business   | Mailing address, if different from principal place of business   |
|  | 1000 Cliff Mine Road, Suite 120<br>Pittsburgh, PA 15275   |  |
|  | Number, Street, City, State & ZIP Code  | P.O. Box, Number, Street, City, State & ZIP Code   |
|  | Allegheny   | Location of principal assets, if different from principal  |
|  | County  | place of business  |
|  |   | Number, Street, City, State & ZIP Code   |
| Debtor's website (URL)   |   |  |
| Type of debtor   | Corporation (including Limited Liability Company  | (LLC) and Limited Liability Partnership (LLP))   |
|  | ☐ Partnership (excluding LLP)   |  |
|  | ☐ Other. Specify:   |  |
|  | All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names  Debtor's federal Employer Identification Number (EIN)  Debtor's address  Debtor's website (URL) | All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names  Debtor's federal Employer Identification Number (EIN)  Debtor's address  Principal place of business  1000 Cliff Mine Road, Suite 120 Pittsburgh, PA 15275 Number, Street, City, State & ZIP Code Allegheny County  Debtor's website (URL)  Type of debtor  Corporation (including Limited Liability Company Partnership (excluding LLP) |

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| Deb | 71000ill on Doug Coo.                                      | metic Surgery, P.C.   |  | Case number (if known)  |              |  |  |
|-----|--|---|--|---|--------------|--|--|
|     | Name   |   |  |   |              |  |  |
| 7.  | Describe debtor's business                                 | A. Check one:   |  |   |              |  |  |
|     |  | ■ Health Care Business (as defined in 11 U.S.C. § 101(27A)) |  |   |              |  |  |
|     |  | ☐ Single Asset Real   | Estate (as defined in 11 U.S.C. § 10   | 1(51B))   |              |  |  |
|     |  | ☐ Railroad (as defin  | ed in 11 U.S.C. § 101(44))   |   |              |  |  |
|     |  | ☐ Stockbroker (as d   | efined in 11 U.S.C. § 101(53A))  |   |              |  |  |
|     |  | ☐ Commodity Broke   | r (as defined in 11 U.S.C. § 101(6))   |   |              |  |  |
|     |  | ☐ Clearing Bank (as   | defined in 11 U.S.C. § 781(3))   |   |              |  |  |
|     |  | ☐ None of the above   | )  |   |              |  |  |
|     |  | B. Check all that appl                                      |  |   |              |  |  |
|     |  |   | (as described in 26 U.S.C. §501)   |   |              |  |  |
|     |  |   | • ,  | nvestment vehicle (as defined in 15 U.S.C. §80a-3)  |              |  |  |
|     |  |   | or (as defined in 15 U.S.C. §80b-2(a)  |   |              |  |  |
|     |  |   | ,  |   |              |  |  |
|     |  |   | rican Industry Classification System s.gov/four-digit-national-association-r                   | 4-digit code that best describes debtor. See laics-codes.   |              |  |  |
|     |  |   | <u> </u>   |   |              |  |  |
| _   |  |   |  |   |              |  |  |
| 8.  | Under which chapter of the<br>Bankruptcy Code is the       | Check one:  |  |   |              |  |  |
|     | debtor filing?   | ☐ Chapter 7 ☐ Chapter 9                                     |  |   |              |  |  |
|     | A debtor who is a "small business debtor" must check       | _   | le all that annih a  |   |              |  |  |
|     | the first sub-box. A debtor as                             | Chapter 11. Chec  | _  |   |              |  |  |
|     | defined in § 1182(1) who elects to proceed under           | •   |  | ebtor as defined in 11 U.S.C. § 101(51D), and its agg excluding debts owed to insiders or affiliates) are less    |              |  |  |
|     | subchapter V of chapter 11 (whether or not the debtor is a |   |  | ected, attach the most recent balance sheet, stateme<br>and federal income tax return or if any of these docu     |              |  |  |
|     | "small business debtor") must check the second sub-box.    |   | exist, follow the procedure in 11  |   | nonis do not |  |  |
|     | check the second sub-box.                                  |   |  | I in 11 U.S.C. § 1182(1), its aggregate noncontingent   |              |  |  |
|     |  |   |  | nsiders or affiliates) are less than \$7,500,000, and it of Chapter 11. If this sub-box is selected, attach the m |              |  |  |
|     |  |   | balance sheet, statement of open   | ations, cash-flow statement, and federal income tax r   |              |  |  |
|     |  | г   | <ul><li>any or these documents do not e</li><li>A plan is being filed with this peti</li></ul> | xist, follow the procedure in 11 U.S.C. § 1116(1)(B).   |              |  |  |
|     |  |   |  | licited prepetition from one or more classes of credito   | rs in        |  |  |
|     |  | _   | accordance with 11 U.S.C. § 112  | δ(b).   | 10, 111      |  |  |
|     |  |   |  | odic reports (for example, 10K and 10Q) with the Sec  |              |  |  |
|     |  |   | Attachment to Voluntary Petition   | g to § 13 or 15(d) of the Securities Exchange Act of 19 for Non-Individuals Filing for Bankruptcy under Chap      |              |  |  |
|     |  | -   | (Official Form 201A) with this for   |   |              |  |  |
|     |  | П ОБальти 40  | I he debtor is a shell company as  | defined in the Securities Exchange Act of 1934 Rule   | ; 12b-2.     |  |  |
|     |  | ☐ Chapter 12  |  |   |              |  |  |
| 9.  | Were prior bankruptcy cases filed by or against            | ■ No.   |  |   |              |  |  |
|     | the debtor within the last 8                               | ☐ Yes.  |  |   |              |  |  |
|     | years? If more than 2 cases, attach a                      |   |  |   |              |  |  |
|     | separate list.   | District  | When<br>When   | Case number Case number   |              |  |  |
|     |  |   | VVIIGII _  | Gade Humber   |              |  |  |

Page 3 of 9 Document Debtor Case number (if known) Accent on Body Cosmetic Surgery, P.C. 10. Are any bankruptcy cases ■ No pending or being filed by a ☐ Yes. business partner or an affiliate of the debtor? List all cases. If more than 1, Debtor Relationship attach a separate list Case number, if known District 11. Why is the case filed in Check all that apply: this district? Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. 12. Does the debtor own or ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. ☐ Yes. real property or personal property that needs immediate attention? Why does the property need immediate attention? (Check all that apply.) ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? ☐ It needs to be physically secured or protected from the weather. ☐ It includes perishable goods or assets that could guickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). ☐ Other Where is the property? Number, Street, City, State & ZIP Code Is the property insured? ☐ No Insurance agency ☐ Yes. Contact name Phone Statistical and administrative information 13. Debtor's estimation of Check one: available funds Funds will be available for distribution to unsecured creditors. ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors. Estimated number of **1**,000-5,000 **1** 25,001-50,000 1-49 creditors **5001-10,000 5**0,001-100,000 **50-99 1**0,001-25,000 ■ More than 100,000 □ 100-199 □ 200-999 15. Estimated Assets □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 16. Estimated liabilities **□** \$0 - \$50,000 □ \$500,000,001 - \$1 billion ■ \$1,000,001 - \$10 million

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Official Form 201

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Debtor Accent on Body Cosmetic Surgery, P.C.

Name

Case number (if known)

| Request for Relief, D   | Declaration, and Signatures  |   |  |  |
|---|--|---|--|--|
| VARNING Bankruptcy fraud imprisonment for                                 | is a serious crime. Making a false statement in connection up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and  | with a bankruptcy case can result in fines up to \$500,000 or 3571. |  |  |
| 7. Declaration and signature<br>of authorized<br>representative of debtor | The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |  |  |
|   | I have been authorized to file this petition on behalf of the  | e debtor.   |  |  |
|   | I have examined the information in this petition and have  | e a reasonable belief that the information is true and correct.     |  |  |
|   | I declare under penalty of perjury that the foregoing is tru   | ue and correct.   |  |  |
|   | Executed on June 17, 2024 MM / DD / YYYY   |   |  |  |
| )   | 🕻 /s/ Dr. James Fernau   | Dr. James Fernau  |  |  |
|   | Signature of authorized representative of debtor   | Printed name  |  |  |
|   | Title President  | _   |  |  |
| 8. Signature of attorney  | / /s/ David Z. Valencik  | Date June 17, 2024 MM / DD / YYYY                                   |  |  |
|   | Signature of attorney for debtor  David Z. Valencik  | MINI / DD / TTTT  |  |  |
|   | Printed name   |   |  |  |
|   | Calaiaro Valencik  |   |  |  |
|   | Firm name  |   |  |  |
|   | 938 Penn Avenue, 5th Fl.<br>Suite 501  |   |  |  |
|   | Pittsburgh, PA 15222  Number, Street, City, State & ZIP Code   |   |  |  |
|   |  | ress dvalencik@c-vlaw.com   |  |  |

Bar number and State

308361 PA

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| Fill in this information to identify the case: |                                     |     |                       |  |  |
|--|-------------------------------------|-----|-----------------------|--|--|
| Debtor name   Accent on Body Cosme             |                                     |     |                       |  |  |
| United States Bankruptcy Court for the:        | WESTERN DISTRICT OF<br>PENNSYLVANIA | ı l | ☐ Check if this is an |  |  |
| Case number (if known):                        |                                     |     | amended filing        |  |  |

#### Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and  | Name, telephone number                | Nature of claim   | Indicate if claim                              | Amount of claim                                      |                              |   |  |
|---|---------------------------------------|---|--|--|------------------------------|---|--|
| complete mailing address, including zip code  | and email address of creditor contact | (for example, trade<br>debts, bank loans,<br>professional services, | is contingent,<br>unliquidated, or<br>disputed | If the claim is fully unse claim is partially secure | d, fill in total claim amour | fill in only unsecured claim amount. If total claim amount and deduction for calculate unsecured claim. |  |
|   | and government contracts)             | Total claim, if partially secured                                   | Deduction for value of collateral or setoff    | Unsecured claim                                      |                              |   |  |
| Augustine Surgical<br>7656 West 78th<br>Street<br>Minneapolis, MN<br>55439                              |                                       |   |  |  |                              | \$1,714.14  |  |
| Balboa Capital<br>Attn: Business<br>Center<br>575 Anton Blvd.,<br>12th Floor<br>Costa Mesa, CA<br>92626 |                                       | Invasix Machine   |  | \$95,640.72  | \$0.00                       | \$95,640.72   |  |
| Citizens<br>P.O. Box 7000<br>Providence, RI<br>02940  |                                       | Loan  |  | \$142,827.47   | \$0.00                       | \$142,827.47  |  |
| First National Bank<br>c/o Donna Donaher<br>100 Fereal Street,<br>4th Floor<br>Pittsburgh, PA<br>15212  |                                       | Loan  |  | \$75,327.50  | \$0.00                       | \$75,327.50   |  |
| Fittle LLC<br>201 Merrit 7<br>Norwalk, CT 06851   |                                       |   |  | \$5,970.00   | \$0.00                       | \$5,970.00  |  |
| FNB<br>1853 Highway 315<br>Pittston, PA 18640   |                                       | Loan 1  |  | \$9,852.65   | \$0.00                       | \$9,852.65  |  |
| FNB<br>1853 Highway 315<br>Pittston, PA 18640   |                                       | Loan 2  |  | \$6,905.63   | \$0.00                       | \$6,905.63  |  |
| Headway Capital<br>175 W. Jacson Blvd.<br>Suite 1000<br>Chicago, IL 60604                               |                                       |   |  | \$84,596.99  | \$0.00                       | \$84,596.99   |  |

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Debtor Accent on Body Cosmetic Surgery, P.C.

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code                                     | Name, telephone number and email address of creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |  |
|---|--|--|---|---|---|-----------------|--|
|   |  |  |   | Total claim, if partially secured   | Deduction for value of collateral or setoff | Unsecured claim |  |
| Healthcare Management 1000 Technology Dr., Suite 1310   |  |  |   |   |   | \$35,000.00     |  |
| Fairmont, WV 26554 Henry Schein Inc. 765 Commonwealth Dr., #8 Warrendale, PA 15086                    |  |  |   |   |   | \$2,342.34      |  |
| Jonathan Neil &<br>Associates, Inc.<br>18321 Ventura<br>Boulevard, Suite<br>1000<br>Tarzana, CA 91356 |  |  |   |   |   | \$78,860.27     |  |
| Kapitus<br>2500 Welson Blvd.,<br>Suite 350<br>Arlington, VA 22201                                     |  | Operational Loan   |   | \$114,439.00  | \$0.00                                      | \$114,439.00    |  |
| Linde<br>10 Riverview Drive<br>Danbury, CT 06810  |  |  |   |   |   | \$2,420.61      |  |
| Medline Industries<br>Three Lakes Drive<br>Winnetka, IL 60093   |  |  |   |   |   | \$26,822.14     |  |
| Merz North America<br>6501 Six Forks Road<br>Raleigh, NC 27615  |  |  |   |   |   | \$45,972.00     |  |
| Neri Sientra<br>c/o Jonathan Neil &<br>Associates, Inc.<br>18321 Ventura<br>Boulevard, Suite<br>1000  |  |  |   |   |   | \$230,311.50    |  |
| Tarzana, CA 91356 Nextech Systems 4221 W Boy Scout Blvd., Suite 350 Tampa, FL 33607                   |  |  |   |   |   | \$27,386.17     |  |
| Pinnacle Health<br>Group<br>4780 Ashford<br>Dunwoody Road<br>Suite 540-502                            |  |  |   |   |   | \$14,250.00     |  |
| Atlanta, GA 30338 Salus Medical LLC 2202 W. Lone Cactus Dr., Suite #15 Phoenix, AZ 85027              |  |  |   |   |   | \$5,905.56      |  |

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| Debtor | Accent on Body Cosmetic Surgery, P.C. | Case number (if known) |  |
|--------|---------------------------------------|------------------------|--|
|        | Name                                  |                        |  |

| Name of creditor and complete mailing address, including zip code     | Name, telephone number<br>and email address of<br>creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | If the claim is fully unsecured, fill in only unsecured claim amount. |   | t and deduction for |
|---|--|--|---|---|---|---------------------|
|   |  |  |   | Total claim, if partially secured                                     | Deduction for value of collateral or setoff | Unsecured claim     |
| Texas First Bank<br>3232 Palmer<br>Highway<br>Texas City, TX<br>77590 |  |  |   | \$307,734.89  | \$0.00                                      | \$307,734.89        |

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#### United States Bankruptcy Court Western District of Pennsylvania

| In re               | Accent on Body Cosmetic Surgery, P  | .C.  | Case No.                              |   |
|---------------------|---|--|---------------------------------------|---|
|                     |   | Debtor(s)  | Chapter                               | 11  |
|                     |   |  |                                       |   |
|                     |   |  |                                       |   |
|                     | CORPORATE   | OWNERSHIP STATEMENT  | (RULE 7007.1)                         |   |
| recusal, the follow | to Federal Rule of Bankruptcy Proche undersigned counsel for Accentage wing is a (are) corporation(s), other of any class of the corporation's(s') of | t on Body Cosmetic Surgery, P.C. than the debtor or a governmental   | in the above cal<br>unit, that direct | iptioned action, certifies that ly or indirectly own(s) 10% |
| ■ None [            | [Check if applicable]   |  |                                       |   |
| June 17,            | 2024  | /s/ David Z. Valencik  |                                       |   |
| Date                |   | Signature of Attorney or Litigate Counsel for Accent on Body Calaiaro Valencik  938 Penn Avenue, 5th Fl. Suite 501 Pittsburgh, PA 15222 412-232-0930 Fax:412-232-3858 dvalencik@c-vlaw.com | Cosmetic Surger                       | ry, P.C.  |